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ABSTRACT

This document consists of four issues of a quarterly newsletter to communicate the major developments within each sector of the child and youth indicators field. The newsletters feature regular sections on the community, state, and national scenes, and include sections of resources and data. The Spring 2001 issue includes articles on the results of the Youth Tobacco Survey; social assets and vulnerabilities indicators for central Indiana; and indicators of positive psychological well-being. The Summer 2001 issue includes articles on the National Conference on Child and Youth Indicators; a report on human exposure to environmental chemicals; and the International Child Well-Being Project list of indicators. The Fall 2001 newsletter contains articles on using the 2000 Census supplementary survey to illuminate child well-being; the micro-level census data available through IPUMS (Integrated Public Use Microdata Series); the Neighborhood Change Database; the Programme for International Student Assessment; and work to improve indicators on disabled children and youth. The Winter 2001 issue includes articles on state-level indicators of maternal, infant, and child health; the Monitoring the Future Survey; basic training in the use of social indicators; and a federal agency meeting to improve measures of marriage and family structure. (KB)

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The Child Indicator: The Child, Youth, and Family Indicators Newsletter.

V3, n1-4, Spr-Win 2001

Brett Brown and Berkeley Smith, Editors

Child Trends, Inc. Washington, DC

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The Child Indicator

The Child, Youth, and Family Indicators Newsletter

Spring, 2001 Vol. 3, Issue No. 1

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The Youth Tobacco Surveys

The Centers for Disease Control and Prevention (CDC), in collaboration with the American Legacy Foundation, has made a significant step towards further understanding tobacco behaviors in adolescent America by creating and fielding the Youth Tobacco Survey. This new instrument has become a core part of the CDC's Youth Tobacco Surveillance and Evaluation System, which includes international, national, and state school-based surveys of middle school and high school students (grades 6 through 12), both in public and private schools. Data are currently available for 27 states and the nation. This work is intended to enhance states' capacity to design, implement, and evaluate comprehensive tobacco control programs.

The American Legacy Foundation (ALF) was created in 1999 as a result of the Master Settlement Agreement between 46 state attorneys general and the major tobacco companies. As part of the 206 billion dollar, 25-year agreement ALF was established to reduce tobacco usage in the United States.

ALF first administered the National Youth Tobacco Survey (NYTS) in the fall of 1999 to 15,058 students in grades 6 through 12 in 131 schools across the country. A second NYTS was administered in spring 2000 to 35,828 students in grades 6 through 12 in 324 schools across the country.

The state-level YTSs were first conducted in 1998 in 3 states, then in 1999 in 13 states, and most recently in 2000 in 27 states. The state-level YTS questionnaires include the 58 tobacco-specific questions that appear on the core national instrument, with additional questions included by individual states based on particular interest. The individual states conduct their own YTS annually or biannually.

Both the state- and national-level YTS instruments are self-administered and elicit information about youth tobacco knowledge, attitudes, and behavior. The seven primary focus topics for all instruments are:

- the prevalence of tobacco use among young people,
- tobacco-related knowledge and attitudes of young people,
- the role of the media and advertising in young people's use of tobacco,

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Announcements

The Annie E. Casey Foundation has just released KIDS COUNT Census Data Online, providing demographic data on children from the 2000 Census through an interactive online database. Profiles and raw data are available for all states, counties, and congressional districts, and for larger cities. To view, go to http://www.aecf.org/kidscount/census.

Statement of Purpose

The goal of **The Child Indicator** is to communicate major developments within each sector of the child and youth indicators field to the larger community of interested users, researchers, and data developers on a regular basis. Each issue includes articles on projects and programs using child and youth indicators at the national, state, and community levels, with occasional reports on international projects. In addition, we feature new developments in scientific research and data development, as well as useful resources including publications, Web sites, and list-servs. By promoting the efficient sharing of knowledge, ideas, and resources, **The Child Indicator** seeks to advance understanding within the child and youth indicators community and to make all its members more effective in their work.

Child Trends, a nonpartisan, nonprofit research organization that has been active in the child and youth indicators field for more than two decades, produces and distributes **The Child Indicator** with funding from the Annie E. Casey Foundation. We welcome your comments and suggestions. All communications regarding this newsletter can be directed to childindicator@childtrends.org.

Brett Brown, Ph.D. and Sharon Vandivere, M.P.P., Editors

State Scene

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- minors' access to tobacco,
- tobacco-related school curriculum,
- environmental tobacco smoke, and
- the cessation of tobacco use.

CDC worked with states to design the YTS primarily to provide states with both the baseline and trend data necessary to inform the design, implementation, and evaluation of comprehensive tobacco control programs and public education campaigns. States can therefore use their YTS data to compare their adolescent populations' tobacco use behaviors with those of adolescents nationwide, or with those of adolescents in other states. Such comparisons may help states identify problems unique to their population. States may also identify other states whose adolescents have avoided particular problems in order to obtain clues about anti-tobacco programs that may be successful or in order to determine other contextual characteristics that might be linked to youth tobacco avoidance. Further, the YTS allows for substate-level analyzes to further inform tobacco control efforts.

Two characteristics of the YTS instruments make their applications and data unique. First, the survey details a comprehensive array of youth tobacco behaviors and product knowledge. For example, the survey asks about the use of emerging tobacco products, such as bidis and kretek (clove) cigarettes. Second, the YTS is the first survey to assess smoking behaviors among middle school students at the state level.

Already, many states include the data in presentations to their state legislators to demonstrate the need for increased funding for smoking cessation and prevention programs for youth. Nationally, publications by both the CDC and the ALF have drawn attention to the problem of tobacco use among adolescents. (For publications, see listing below). The value of the Youth Tobacco Surveillance series is being recognized internationally with the Global Youth Tobacco Survey (GYTS) initially fielded in 1999 to students age 13 to 15 in 11 countries. To date over 40 countries have completed the GYTS and 38 others are currently in the field. These three studies can ultimately help us understand youth tobacco use by providing a wealth of trend data at the state, national, and international levels.

For more information about the Youth Tobacco Surveys, email tobaccoinfo@cdc.gov, or check out these web sites:

- http://www.americanlegacy.org: American Legacy Foundation & First Look Report Series (provides brief research findings from the National Youth Tobacco Survey and other tobacco use surveys)
- http://www.cdc.gov/tobacco/research_data/youth/ytsfactsheet.pdf: Youth Tobacco Survey Fact Sheet (with contact information for individual participating states)
- http://www.cdc.gov/tobacco/research_data/youth/gytsfactsheets.pdf: Global Youth Tobacco Survey Fact Sheet
- http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4910a1.htm: CDC MMWR Youth Tobacco Surveillance Summary 10/13/2000 (www.cdc.gov/mmwr/PDF/ss/ss4910.pdf: PDF version)

Social Assets and Vulnerabilities Indicators for Central Indiana

The Social Assets and Vulnerabilities Indicators (SAVI) Project for Central Indiana is helping researchers, community leaders, and citizens to answer questions like these:

- Is the location of service agencies related to drug use among pregnant women?
- Which areas in Central Indiana have the highest teen pregnancy rates?
- What percentage of children live with at-risk mothers or with unmarried parents, and what percentage of families live below the poverty threshold? Are these problems geographically related?
- What schools, parks, and services are available in a particular Indianapolis neighborhood?

The core of the SAVI project is a database consisting of information on education, housing, welfare receipt, vital statistics, and crime and juvenile justice. SAVI also includes information about community assets such as schools, libraries, churches, hospitals, day care centers, and community centers. The SAVI project not only produces tables of data, but also uses geographic information system (GIS) technology so that multiple indicators can be simultaneously mapped to see if they are geographically related. So, for example, users can see whether communities experiencing vulnerabilities (such as poverty) also have access to assets that may help alleviate problems. Further, multiple years of data are available for many indicators, so that users can see if the spatial distribution of certain assets or vulnerabilities are changing over time.

The United Way/Community Service Council and the Polis Center of Indiana University-Purdue University Indiana, the two organizations heading the SAVI project, are striving to make assets and vulnerabilities data easily available to the public, particularly to inner-city groups. Through the SAVI Community Connections Project, leaders from three inner-city neighborhoods are receiving training so that they can add data about their communities to the SAVI database.

Since February 2000, anyone who has an internet connection has had access to the SAVI Interactive, an easy click-and-point program that allows one to create maps or tables with SAVI data by visiting their site at: http://149.166.110.5/polis/home/home.htm. Users can change the colors and symbols used for the data points, and they can also customize the way data are displayed thematically by changing the color, selecting actual values versus percentages, and adjusting the number of breaks and gradients (percentiles or equal intervals). Maps or tables can be viewed immediately, downloaded, or printed.

For community members who do not have internet access, or who need help using the data, SAVI maintains 11 public access sites at Indiana public libraries, where users can access selected data with the help of trained staff members. Those wishing to conduct more complicated analyses can visit one of nine additional locations to use the full database. Trained staff members at these "enhanced access" sites can assist the public not only with access to the data, but also with analysis of community vulnerabilities and assets.

This unique data resource is attracting researchers, like Stephen N. Wall of the University of Chicago Pritzker School of Medicine, who has a National Institute on Drug Abuse grant to study the effect of drug use among pregnant women on birth outcomes. According to David Bodenhamer, director of the Polis Center, "SAVI will attract researchers who will produce valuable work--for free--that we would have had to pay dearly for otherwise."

The United Way/Community Service Council and the Polis Center plan to expand the SAVI Project, including continued development of the internet interface with the SAVI database and adding new indicators to the database. The next major development planned is to allow multiple-address geocoding so that users can upload their own data. So, for example, a school could map its students' addresses or a church could map the addresses of its congregation. "In order to be useful to to neighborhoods on smaller scale issues," says SAVI manager Karen Frederickson, "you need to be able to combine neighborhood data with SAVI data."

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To access SAVI Interactive, go to:

http://149.166.110.5/polis/home/home.htm

The Polis Center at IUPUI
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Indianapolis, IN 46202
(317) 278-7482
http://www.thepoliscenter.iupui.edu/polis/home.htm

United Way/Community Service Council
3901 N. Meridian St. P.O. Box 88409
Indianapolis, IN 46208-0409
(317) 921-1292
http://www.uwci.org

Resources

In February, the U.S. Census Bureau released a report summarizing selected indicators of child well-being from the 1994 Survey of Income and Program Participation (SIPP). To obtain the report, "A Child's Day: Home, School, and Play," by J.M. Fields, K. Smith, L.E. Bass, and T. Lugaila, visit http://www.census.gov/prod/2001pubs/p70-68.pdf or phone (301) 457-4608.

The Fordham Institute for Innovation in Social Policy recently released *The Social Report: A Deeper View of Prosperity. Assessing the Progress of America by Monitoring the Well-being of its People*, by Marque-Luisa Miringoff, Marc Miringoff, and Sandra Opdicke. Call 914-524-7339 for more information.

National Scene

The State of America's Children Yearbook 2001

The Children's Defense Fund (CDF), a leading national child advocacy group, has just released its tenth annual report on children, *The State of America's Children 2001*. The body of the report offers topical overviews and policy prescriptions in a number of areas including family income, child health, child education, families in crisis, juvenile justice, and youth development. The report also includes extensive appendices containing national trend and state-by-state indicator data on a variety of measures of child well-being and program participation. These include measures of child poverty, maternal and infant health, infant mortality, teen birth, and health insurance coverage, as well as participation in AFDC/TANF, food stamps, child nutrition supplements, Head Start, childcare and early education programs, and pre-Kindergarten initiatives.

For more information on *The State of America's Children 2001:*
Web: http://www.childrensdefensefund.org/pubs_bestsellers.asp
Email: cdforders@childrensdefense.org
Phone: (202) 662-3652

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Data Takes

State- and National-Level Estimates from the National Household Survey on Drug Abuse

Last summer, the Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA) released estimates from the newly revised National Household Survey on Drug Abuse (NHSDA).

Although the NHSDA was first conducted in 1971 and has been conducted annually since 1990, the 1999 survey includes an increased sample size that allows state-level estimates for all 50 states and the District of Columbia. This means that, for the first time, the survey provides state-by-state estimates of illicit drug, alcohol, and cigarette use by age group, as well as information about the brands of cigarettes that Americans smoke. This new, expanded data on demographic and geographic populations will be a valuable tool for states and community-based organizations to help tailor their programs to their communities. According to this newly expanded survey, current drug use varies substantially among states, ranging from a low of 4.7 percent to a high of 10.7 percent for the overall population, and from 8.0 percent to 18.3 percent for youths age 12 to17.

The report *Summary of Findings from the 1999 National Household on Drug Abuse* presents state-level indicators for the age groups 12 to 17, 18 to 25, and 26 and older, including:

- illicit drug use (including past month use of any illicit drug, marijuana, and any illicit drug other than marijuana),
- alcohol use,
- cigarette use,
- substance dependence,
- past month cigarette use,
- past month binge alcohol use,
- past year dependence on illicit drugs, and
- past year dependence on illicit drugs or alcohol.

For each state, the report includes tables of prevalence rates (with 95 percent confidence intervals), sample sizes, and population estimates, as well as maps ranking states by their prevalence rates and a discussion of main findings. The report also contains a section on national estimates.

Due to small sample sizes for many states, state-level estimates in the report are produced with the aid of multivariate regression models derived from national data. Eight states (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas) had sufficiently large sample sizes to yield direct estimates from weighted survey data, but in order to allow comparability, the report provides the modeled estimates for all 50 states. The direct estimates for the eight largest states are reported in separate tables.

The *Summary of Findings* also compares drug, alcohol, and tobacco use among many subgroups at the national level. For example, among 12- to 17-year-olds, illicit drug, tobacco, and alcohol use can be compared by gender, racial and ethnic groups, geographic region, and urbanicity. The report also presents the percentage of adolescents who use specific drugs, for example, cocaine, crack, heroin, inhalants, and pain relievers. The percentage of adolescents reporting any usage of alcohol or any illicit drugs is reported for each individual year of age.

The new estimates can be used as tools to track state and national progress in reaching long-term goals set by Healthy People (HP) 2010 and by the National Drug Control Strategy (NDCS) to:

- Reduce substance abuse to protect the health, safety, and quality of life for all, especially children. (HP 2010, Goal 26);
- Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke (HP 2010, Goal 27);
- Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco (NDCS);
- Increase the safety of America's citizens by substantially reducing drug-related crime and violence (NDCS);
- Reduce health and social costs to the public of illegal drug use (NDCS);
- Shield America's air, land, and sea frontiers from the drug threat (NDCS);
- Break foreign and domestic drug sources of supply (NDCS).

For further information about the state and national goals, visit http://www.ncjrs.org/htm/toc.htm for the 1997 National Drug Control Strategy and http://odphp.osophs.dhhs.gov/pubs/hp2000/2010.htm for Healthy People 2010.

To obtain *Summary of Findings from the 1999 National Household Survey on Drug Abuse* or other NHSDA reports, visit http://www.samhsa.gov/oas/p0000016.htm or contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at P.O. Box 2345, Rockville, MD 20847-2345, by phone at (301) 468-2600 or (800) 729-6686, or online at http://www.health.org.

The 1979-1998 NHSDA microdata are available from the Substance Abuse and Mental Health Data Archive, which you may contact by phone at (734) 998-9792 or (800) 741-7242, or visit online at http://www.icpsr.umich.edu/SAMHDA. The 1999 NHSDA microdata are expected to be released by the archive this summer.

Research Takes

Indicators of Positive Psychological Well-being

"Raising children... is vastly more than fixing what is wrong with them," says Dr. Martin Seligman. "It is about identifying and nurturing their strongest qualities, what they own and are best at, and helping them find niches in which they can best live out these strengths." Seligman is one of the founders of the positive psychology field. In contrast with much of the research of the past century, during which psychologists have learned much about mental illness and the human response to hardship and deficits, positive psychologists are attempting to learn about human strengths, positive affect, and the conditions that promote people's thriving rather than simply their survival.

How is positive psychology relevant to the indicators field? A primary task of positive psychologists is to define the characteristics of a thriving individual—that is, the characteristics of someone who exhibits positive well-being. Next, they must develop indicators to measure the degree to which people possess these characteristics. These steps are necessary to identify and develop techniques and institutions by which people's positive well-being can be increased. If we want to improve people's collective positive well-being, then social indicators can be used to measure whether progress is being made.

Defining concepts of positive well-being, the first step in the process, is challenging. It is easier to agree upon the behaviors and characteristics that we want people to avoid than the characteristics that we want them to embody, according to positive development researchers Drs. Kristin Moore and Tamara Halle at Child Trends. They begin by asking: What do parents want for their children? They posit that parents don't simply want children to avoid negative characteristics and behaviors. Rather, "they want children who are happy and emotionally healthy, who have positive relationships with other people, and who contribute to the community," according to Moore and Halle.

Halle and Moore have proposed a preliminary list of characteristics or attributes that indicate positive development among children:

- close parent-child relationships,
- strong sibling relationships,
- social interactions with peers,
- character,
- civility,
- religiosity/spirituality,
- tolerance,
- extracurricular activities,
- sports and exercise,
- participation in cultural and literary activities,
- environmentally-friendly lifestyle,
- volunteer community involvement, and
- social capacity.

Seligman and his colleague Christopher Peterson are attempting to "specify, classify, and measure strengths and virtues that are ubiquitously valued in contemporary cultures," differentiating among 1.) strengths and virtues, 2.) talents and abilities, 3.) enabling conditions, and 4.) outcomes. Although most positive psychology focuses on adults, Peterson and Seligman seek an intersection with the youth development field. Their project, named "Values In Action (VIA) Classification," names about 20 strengths and virtues falling into six categories that comprise character:

- wisdom,
- courage,
- humanity,
- justice,
- temperance, and
- transcendence.

Peterson and Seligman modeled the VIA Classification on the Diagnostic and Statistical Manual of the American Psychiatric Association, a widely-used reference material on psychiatric disorders. For each strength or virtue, the VIA manual will ultimately attempt to provide or describe a definition, research traditions, existing measures, correlates, outcomes or consequences, the development and manifestation over the lifespan, promotional factors or inhibiting factors, cross-national or cross-cultural examples, interventions to foster the strength or virtue, and a bibliography of relevant materials.

This task of operationalizing strengths and virtues-that is, clearly defining them and providing standard ways to measure them—will yield a comprehensive list of indicators that researchers can further critique and refine. Researchers, policy makers, and the public will then have tools available to track individual and collective well-being, and even learn about policy-level factors that might promote or inhibit positive psychology.

Some resources for positive psychology include:

- *American Psychologist:* Special Issue on Happiness, Excellence, and Optimal Human Functioning, 55(1), January 2000.
- The Seligman Research Alliance's positive psychology website at the University of Pennsylvania: http://www.psych.upenn.edu/seligman/pospsy.htm
- American Psychological Association's positive psychology web site: http://www.apa.org/releases/positivepsy.html
- Moore, K., and Halle, T. 1999. "Preventing Problems vs. Promoting the Positive: What Do We Want for Our Children?" Research brief available online at http://www.childtrends.org/r_resbrief.asp.

Civic Education Study of the International Association for the Evaluation of Educational Achievement (IEA)

The Civic Education Study of the International Association for the Evaluation of Educational Achievement (IEA) is an ambitious project in which the civic knowledge and attitudes of 90,000 14-year-old students in 28 countries (including the United States) were assessed in 1999. A report detailing the findings, entitled *Citizenship and Education in Twenty-eight Countries: Civic Knowledge and Engagement at Age Fourteen*, was released on March 15, 2001.

The Civic Education Study includes information that has never before been available on many topics. IEA fielded identical questions to students in all 28 countries using a test of civic knowledge and skills as well as a survey of concepts, attitudes, and activities. The test and the survey contained items from three domains:
I. Democracy and citizenship (including definitions of democracy, democratic institutions, and citizenship in democracy),
II. National identity and international relations, and
III. Social cohesion and diversity.
Using survey and test responses, IEA reports scale scores for many concepts of interest. For example, the concept of "positive attitudes towards one's nation" is comprised of five survey items. Students indicate their level of agreement with statements about the importance of their country's flag, their love for their country, pride in national achievements, and preference to live in a different country.

In order to develop the survey and test, the project involved two major phases. First, IEA conducted national case studies in order to develop a consensus about guidelines for the Phase 2 test and survey. The work enabled IEA to determine that democratic countries concur on core concepts of democratic principles and processes, citizenship, attitudes, and civic-related activities. In the second phase, IEA developed questions on the core concepts that were agreed upon in Phase 1. IEA carried out pilot studies and then administered the test and survey to 90,000 14-year-olds.

The product of Phase 2 is the recently-released quantitative report, *Citizenship and Education in Twenty-eight Countries*. The report includes discussions of the theoretical framework that guided the study, including summaries of the existing research literature, explanations of the methodology used, and presentations of the results in a table format that clearly labels statistically significant differences. The report also presents a multivariate model that predict students' civic knowledge and engagement, as well as appendices that provide item-by-item scores and psychometric properties of scale measures.

Indicator data resulting from the study allow one to compare student outcomes across countries. Additionally, the report presents results by sex, where differences were notable. When the microdata become publicly available for anyone to analyze about 18 months from now, researchers will be able to examine a wider array of demographic breaks and explore the relationships among indicators in greater detail.

Countries participating in the IEA study:

- Austria
- Belgium (French)
- Bulgaria
- Chile
- Colombia
- Cyprus
- Czech Republic
- Denmark
- England
- Estonia
- Finland
- Germany
- Greece
- Hong Kong (SAR)
- Hungary
- Italy
- Latvia
- Lithuania
- Norway
- Poland
- Portugal
- Romania
- Russian Federation
- Slovak Republic
- Slovenia
- Sweden
- Switzerland
- United States

The study required intensive international collaboration. Judith Torney-Purta of the University of Maryland, College Park, chaired the international steering committee of the study and served as lead author of the report just released. Dr. Torney-Purta notes that she spent many days working from 5 a.m. to 11 p.m., not only because of the scope of the project but because of time differences among the participants. Rainer Lehmann of the Humboldt University of Berlin, Germany, co-authored the report and directed the International Coordinating Center. The other two co-authors were Hans Oswald of Potsdam University in Germany and Wolfram Schulz of Humboldt University of Berlin. The International Steering Committee was comprised of members from Australia, Italy, Poland, the Netherlands, Sweden, and the United States. In addition, National Research Coordinators from the 28 countries also played vital roles in administering the tests and surveys within each nation.

The project's funding was also an international effort. Funding was provided by IEA, by the German Science Foundation (Deutsche Forschungsgemeinschaft), with a grant to the Humboldt University of Berlin, and by the

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Civic Education Study, continued from page 7

William T. Grant Foundation, with a grant to the University of Maryland, College Park. Additional funding came from participating countries, from Bundeszentrale fur Politische Bildung (the Federal Agency for Civic Education) in Germany, and from the National Center for Education Statistics in the United States, the Carnegie Corporation of New York, and the Pew Charitable Trusts of Philadelphia.

Repeating this study would provide invaluable trend data for those interested in tracking the civics knowledge, attitudes, and skills of adolescents internationally. However, IEA has not yet indicated whether a second wave of this massive study will occur.

The report and executive summary are available free of charge on the Internet at http://www.wam.umd.edu/~iea/, or you can order hard copies of the report for $55 plus shipping from:

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The Child Indicator

The Child, Youth, and Family Indicators Newsletter

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National Conference on Child and Youth Indicators

On June 14 and 15, 2001 Child Trends hosted *Key Indicators of Child and Youth Well-being: Completing the Picture*, a major national conference on research, data development, and practice in the child and youth indicators field. The conference, held at the National Institutes of Health Campus in Bethesda, MD, involved over 100 participants including researchers, practitioners, foundation staff, the media, and representatives from state and federal statistical agencies.

The conference began with a presentation by Ken Land of his recent work to develop a single summary measure of child well-being based on 25 to 28 measures across seven domains. The purpose of developing such a measure is to provide a means of tracking whether child well-being overall is improving or deteriorating over time (see vol. 2, iss. 4 of *The Child Indicator* for more information). Discussion of the index, which focused in part on the adequacy of existing data across the seven domains to support such an index, set the stage for the rest of the conference, which focused on indicators in the individual domains.

The conference featured presentations on 14 commissioned papers representing the leading edge of current research and thinking in the areas of child health and safety, education, emotional and social development, family and community context, and practical applications. Presenters gave particular attention to identifying recent advances in child and youth indicators research, data development and application, and critical opportunities for the coming decade. The papers demonstrated that the field has grown tremendously in all these areas. The collection and accessibility of child and youth indicator data at all geographic levels has increased substantially, providing practitioners with more of the raw materials they need to improve planning, assessment, and other activities designed to improve the lives of children. Research has blossomed in a number of previously underdeveloped areas including school readiness, social development, peer relations, family dynamics, and community effects.

Each paper offered detailed recommendations for future work, focusing on the topic of that paper. For example, in a paper titled "Developing indicators of

continued from page 4

Announcements

National Kids Count Data Book 2001

The Annie E. Casey Foundation's KIDS COUNT project compares states on specific indicators of child well-being and tracks trends over time. This year's National KIDS COUNT Data Book, released on May 22, 2001, also includes a section on the new method used in the Census 2000 for collecting racial and ethnic data. The report can be found at http://www.kidscount.org.

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Statement of Purpose

The goal of **The Child Indicator** is to communicate major developments within each sector of the child and youth indicators field to the larger community of interested users, researchers, and data developers on a regular basis. Each issue includes articles on projects and programs using child and youth indicators at the national, state, and community levels, with occasional reports on international projects. In addition, we feature new developments in scientific research and data development, as well as useful resources including publications, web sites, and listservs. By promoting the efficient sharing of knowledge, ideas, and resources, **The Child Indicator** seeks to advance understanding within the child and youth indicators community and to make all its members more effective in their work.

State Scene

Florida Handbook on Forming Community Alliances Includes Advice on Using Child Indicator Data

In 2000, the Florida Department of Children and Families along with the Florida Legislature created a program called Community Alliances, which aims to build partnerships among groups providing community-based care to children and families. Community Alliances are groups of local agencies and organizations that commit to work together to improve outcomes for children and families. The goal is to provide seamless care to children and families through improved interagency coordination. To best meet this goal, alliance members must represent all stakeholders that work with children and families: community leaders, human service representatives, funders, client representatives, and others with an interest in community-based care.

To help facilitate the formation of Community Alliances and to give alliances guidance, the Department of Children and Families created a handbook, *Community Alliance Resource Handbook,* which outlines the philosophy behind the initiative, the keys to a good alliance, and the stages to creating a strong system of community-based care. Readers of *The Child Indicator* will be interested to learn that developing and tracking outcome measures is a vital stage in the process. This is a valuable resource not only for those in Florida who wish to form Community Alliances, but also those outside of Florida who are interested in working within their communities towards the same sorts of goals.

The handbook, which is available online at http://www5.myflorida.com/cf_web/myflorida2/healthhuman/cbc/docs/cahandbk.pdf, first lays out the three keys to a successful Community Alliance: community partnership, community outcomes, and a community-based system of care. Each key is described with an emphasis on why it is important to the overall goal. For example, outcomes are defined as the foundation of community partnerships because, in trying to improve services to children and families, alliances must set target outcomes based on what they want to achieve, and then they must measure outcomes to see how well they are meeting their goals.

The core of the handbook is focused on the four stages of Community Alliance development: vision, mission, membership and by-laws; assessment of existing resources and outcomes; community-based system of care plan; and business partnership and shared accountability. The four stages compose the four sections of the handbook. Each section describes the goal of the stage, outlines suggested activities and resources, and provides numerous examples, helpful hints, and benchmarks for achievement.

The first section provides detailed plans for organizing a functioning Community Alliance. Developing a vision, mission, formal roster of membership, and by-laws are the primary focus of this section. Though many of the examples in this section relate specifically to groups organizing in Florida, others could provide direction for groups in any community.

The second section, which deals with assessment of existing resources and outcomes, is applicable for any group trying to measure outcomes and the resources that affect the outcomes. The handbook provides valuable advice to help groups determine a set of outcomes to have as their primary focus. Emphasis is placed on assessing which outcomes are related to the

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Index of Social Health and New Social Survey Released by the Fordham Institute for Innovation in Social Policy

The Fordham Institute for Innovation in Social Policy at the Fordham University Graduate Center recently released a new report entitled *A Deeper View of Prosperity: Assessing the Progress of America by Monitoring the Well-Being of its People.* The report is the most recent in a series of social indicator publications issued the Fordham Institute, which includes a 1999 book entitled *The Social Health of the Nation: How America is Really Doing* (see Vol. 2, Issue No. 2 of *The Child Indicator* for more details). The new report presents findings from the National Social Survey, a new survey instrument that examines social well-being in-depth. The 1998 Index of Social Health is featured in the report as well.

The National Social Survey includes items about income, education, health care, safety, and work, as well as creativity, participation in the arts, social ties, diversity, time constraints, political discourse, and political activity. While a large portion of the survey focuses on the social well-being of adults, the education portion of the survey gauges parental views on children's academic and social experiences in school. The survey was conducted in June 2000.

Published annually by the Fordham Institute since 1987, the Index of Social Health is a compilation of indicators that include but are not limited to infant mortality, youth drug abuse, unemployment, poverty among the elderly, and income inequality. The index utilizes age-specific indicators in combination with indicators for people of all ages in an effort to present an index that reflects the experience of all Americans. Charts and tables in the report show changes in the Index of Social Health and its component indicators between 1970 and 1998. Additionally, the relationship between the Index of Social Health and Gross Domestic Product (GDP) is examined to emphasize the inadequacy of financial and economic indices as exclusive indicators of social well-being.

For a copy of *A Deeper View of Prosperity: Assessing the Progress of America by Monitoring the Well-Being of its People,* contact:

Fordham Institute for Innovation in Social Policy
Tarrytown, New York 10591 (914)524-7339

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mission of the group, are measurable, and can be affected through actions taken by the group. The handbook provides a list of the types of questions groups should ask themselves when selecting outcomes (from Chapter 2, page 3 of the handbook):

- Is the outcome important enough to commit time, energy, and funds for improvement?
- Is community diversity taken into consideration?
- Can the outcome be tracked accurately over time?
- Can improvement be achieved through coordinated efforts of the Alliance?

Included in this section are examples of desired outcomes and the types of surveys used to measure them. Examples of initial outcomes for measurement and more detailed ones to be added as the alliance makes progress are included. Additionally, there are excerpts from other publications on how to develop outcomes.

After selecting outcomes of focus, the handbook points out the importance of obtaining existing baseline information. To do this, groups must analyze outcome information available from programs and agencies serving the community at the outset. To help groups in Florida do this, the handbook provides a long list of the types of outcome measurements that are available for communities in Florida. Although this list is most useful to groups within Florida, it can be informative to other groups outside Florida by illustrating the sorts of administrative data available and the types of agencies and organizations that gather such data.

The next step in dealing with outcomes is to decide how any additional community outcomes will be measured and how often. To avoid redundancy, the outcomes that a Community Alliance chooses to measure should supplement those that other agencies and organizations are measuring and should give valuable additional information to help improve the current system. The handbook gives several examples of different types of processes and instruments that are used to measure community outcomes.

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National Conference, continued from page 1

confidence, character, and caring in adolescents" authors Jodie Roth, Christine Borbely, and Jeanne Brooks-Gunn recommend that substantial background research and measurement development should be done to develop strong indicators of adolescent self-efficacy, self-control, responsiveness, and attentiveness. Additional work is also needed to refine existing measures of self-esteem, volunteering, scholastic identity, and leadership, focusing on how well they work across population subgroups.

Authors and other conference participants identified the following more general needs:

- More research is needed on measures of positive development and the social factors that promote such development.
- Work should address the lack of solid indicators of well-being in middle childhood (ages 6 to 11) and early childhood (ages 0 to 5).
- A system for the continuous improvement of social indicators data needs to be developed through greater coordination between measures in repeated cross-sectional surveys (where indicators are measured and tracked) and measures in longitudinal surveys (where most research to develop and refine indicators takes place).
- Greater coordination is needed between national and local data collection efforts to provide high quality, comparable indicators at every level of geography.
- Practitioners and researchers in the social indicators field need to work-together and talk to each other on a more consistent basis in order to develop a common vocabulary across the two groups, and so that research can better reflect the needs of practitioners.

Freelance journalist Melissa Healy offered advice on how researchers and disseminators can increase media coverage of child and youth indicator data by better understanding the world of reporters. Recommended strategies include:

- localizing the story with local data wherever possible to pique readers' interest;
- emphasizing the unexpected finding; and
- keeping the message simple.

A listing of the conference papers can be found on the Child Trends web site at **www.childtrends.org.** If you would like copies of specific papers, contact Brett Brown at **bbrown@childtrends.org.** A 10- to 15-page summary of the major themes of the conference is being prepared by Child Trends and will be broadly disseminated in October 2001. The papers are also being edited for publication as a book.

Core funding for the conference was supplied by the Foundation for Child Development. Additional sponsors include the NICHD Family and Child Research Network, The MacArthur Research Network on Middle Childhood, the National Institute of Child Health and Human Development (NICHD), the Annie E. Casey Foundation, the Edna McConnell Clark Foundation, and the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

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Finally, the handbook recommends that the groups formally report the scope of existing services in the community and note any gaps in services. Doing so helps groups discover which services are missing or are duplicated as well as illustrates the connections between community services. This is an important step to discovering what types of programs might positively affect outcomes.

Stage three of developing a working Community Alliance is devising a plan for a community-based system of care for children and their families. To help groups do this, the handbook highlights important first steps including the promotion of early intervention services and meetings on resource utilization among community agencies. The handbook outlines many of the desirable qualities for a community-based care system and gives helpful hints towards reaching this goal.

Section four deals with developing business relationships and shared accountability among agencies and organizations providing services to children and families. Guidelines for setting up such relationships as well as ideas for possible collaborations among agencies are provided. Finally the handbook lays out the steps to producing a community report card to assess the progress made by the group and the community.

Although this handbook was created to serve a specific group, namely those starting Community Alliances in Florida, the information is pertinent

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Data Takes

CDC's National Report on Human Exposure to Environmental Chemicals

The recently released *National Report on Human Exposure to Environmental Chemicals*, the first in a series of such reports by the Centers for Disease Control and Prevention(CDC), provides an assessment of the U.S. population's exposure to 27 environmental chemicals. The report contains data on some chemicals (for example, lead and cadmium) that have been collected before, as well as data being collected for the first time on 24 additional chemicals. Of particular interest are the report's findings on the exposure levels among children for correlates of environmental tobacco smoke and certain heavy metals, such as lead and mercury.

The report's key findings involve both time trend data (the CDC has collected data on childhood exposure to lead since 1976) and newly collected data that will be used to measure future progress in reducing exposure to certain environmental chemicals. Regarding trends for the period from 1991-1994 (combined data) to 1999, the CDC found that the mean blood lead level for children (under age 6) decreased 26 percent, from 2.7 micrograms/deciliter to 2.0 micrograms/deciliter. Time trend data measuring exposure of the population to environmental tobacco smoke are also encouraging. From 1988-1991 to 1999 the median levels of cotinine, a metabolite of nicotine used to track environmental exposure to tobacco smoke, among nonsmokers (over age 2) dropped more than 75 percent, from .2 nanograms per milliliter to less than .05 nanograms per milliliter. Measured for the first time in 1999, the average blood mercury levels among children were about one quarter as much as those found among women of childbearing age (ages 16 through 49). These types of comparisons are particularly important as fetuses and children are generally more vulnerable to the effects of metals than are adults.

The CDC's long-term vision for these reports involves a number of key goals. First, the data will be used to determine if exposure levels to these chemicals are increasing or decreasing over the course of time. Second, it will assess whether or not public health efforts to reduce exposure are effective. And, third, detailed demographic data will assist in determining if certain groups of people have higher levels of chemical exposure than do others.

The CDC drew the data for the report from their ongoing national survey of the general U.S. population, the National Health and Nutrition Examination Survey (NHANES).

The *National Report on Human Exposure to Environmental Chemicals* will be updated each year with new data for the general population. In addition, future editions of the report will include data on exposure levels among different populations groups by characteristics such as sex, race/ethnicity, age, urban/rural residence, education level, and income. These reports will also include information on special-exposure populations for groups experiencing localized or point-source exposures. They will also include studies examining the adverse effects of varying degrees of exposure to environmental chemicals.

For more information about the *National Report on Human Exposure to Environmental Chemicals*, or to download the full report, visit: http://www.cdc.gov/nceh/dls/report/default.htm.

For more information about the NHANES, visit: http://www.cdc.gov/nchs/nhanes.htm .

State Scene continued from page 4

to a variety of groups. Community groups working to assess any aspect of their community in terms of outcomes for children and families should find the guidelines useful. Newly formed organizations or those unfamiliar with outcome measurement will benefit from the straightforward language and the detailed how-to guide aspect of the handbook. Additionally, version 2.0 of the handbook will be available mid-September. It will have "best practices" examples detailing the experiences of Florida communities working with the handbook, which should provide further guidance.

Contact Information:
http://www5.myflorida.com/cf_web/myflorida2/healthhuman/cbc/docs/cahandbk.pdf

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International Comparisons of Child Well-being on Childstats.gov

by Laura Lippman, National Center for Education Statistics

Childstats.gov, the website of the Federal Interagency Forum on Child and Family Statistics, has posted international data that provide comparisons for the indicators in the monitoring report, *America's Children: Key National Indicators of Well-being*. Data are available on the site that describe the population and family characteristics, economic security, health, behavior and social environment, and education of children and youth. Data were available for many, although not all, of the indicators in *America's Children*, so that each domain has fair representation.

Sources for the data include member agencies of the Forum on Child and Family Statistics, including the Census Bureau, Bureau of Labor Statistics, National Center for Health Statistics, and the National Center for Education Statistics, as well as international organizations such as the United Nations, the World Health Organization, the Organisation for Economic Cooperation and Development, and data harmonizing efforts such as the Luxembourg Income Study. Please refer to the table below, which shows the indicators, the source of data and publication date, the years to which the data refer, and the countries for which data are available.

The user is either linked to a live web site in which the data are posted by their organization, or when a live site in unavailable, to a pdf file on the childstats site that has been created from the original data source. If a pdf file has been created for the data, the user is also offered a link to the original source in a pdf file, so that technical notes about the data can be accessed.

In addition to the data that mirror indicators in *America's Children*, the user of the site can access other links to related data, which are sorted by domain and by subject within each domain. This should prove to be an excellent resource for those wishing to go beyond the indicators in *America's Children*. In fact, the indicators for which data are presented are actually a small subset of what is currently available. Not everything is available on the web, however, which limits what could be made available to users of Childstats.

As data are updated by their producing agency or organization, they will be updated on the Childstats site. Suggestions for additions to the site are welcome. Just contact the webmaster: childstats@ed.gov.

International Child Well-Being Project List of Indicators

Indicator Name	Source	Data Collection (Date & Country)
Population and Family Characteristics		
POP 1: Total Child and Youth Population	Census International Database. 2000.	2000; all
POP 2 : Child Share of Population	Census International Database. 2000.	2000; all
POP 3: Family Households with Children and Single Parent Households	Compiled by the Bureau of Labor Statistics from national population censuses, household surveys, and other sources. For further information, see "The changing family in international perspective," by Connie Sorrentino. Monthly Labor Review, March 1990, pp. 41-58.	1960 to 1994-95; US, CAN, AUS, JAP, FRA, GER, NET, SWE, UK
POP 4a: Percentage of Births to Unmarried Women (European Countries)	Council of Europe. (2000). Recent Demographic Developments in Europe -- 2000. Strasbourg: Council of Europe.	1960-1999; European Countries
POP 4b: Percentage of Births to Unmarried Women (US)	America's Children 2000. (NCHS).	1999; U.S.
POP 5: Age-Specific Fertility Rates and Selected Derived Measures	Census International Database. 2000.	2000; all

Indicator Name	Source	Data Collection (Date & Country)
Economic Security		
ECON 1: Relative Poverty Rates for Children	Luxembourg Income Study Key Figures. Available http://lisweb.ceps.lu/keyfigures/povertytable.htm. 2000.	1971-1997, varies by country; AUS, CAN, FRA, GER, ITA, MEX, SWE, UK, US
ECON 2: Shares of Children by Family Type and Work Status	OECD data, as cited in Oxley, H., Dang, T., Forster, M, Pellizzari, M. (1999). Income Inequalities and Poverty Among Children and Households in Selected OECD Countries: Trends and Determinants."	1993-1995, varies by country; AUS, CAN, FRA, GER, ITA, MEX, SWE, UK, US
ECON 3: Youth Unemployment: Civilian Unemployment Rates by Age	Bureau of Labor Statistics. (2001). Comparative Civilian Labor Force Statistics: Ten Countries. U.S. Department of Labor, Bureau of Labor Statistics.	1996-2000; US, CAN, AUS, JAP, FRA, GER, SWE, UK, ITA
Health		
H1 : Immunization Rates	World Health Organization. (2000). WHO vaccine preventable diseases: monitoring system 2000 global summary. Geneva: World Health Organization	1980-1999; all
H2: Low Birthweight	UNICEF. (2001). The State of the World's Children 2001. New York: Oxford University Press for UNICEF.	1990-97, varies by country depending on the availability of the most recent data; all countries
H3: Infant Mortality and Life Expectancy at Birth	Census International Database. 2000.	1980-2010; all
H4: Infant and Child Mortality Rate	United Nations. (2000). Demographic Yearbook 1998. New York: United Nations.	1929-1997, varies by country; all
H5: Injury Deaths per 100,000 population (1-14)	Fingerhut, L.A., Cox, C.S. and Warner, M. (1998). International Comparative Analysis of Injury Mortality. Center for Disease Control and Prevention, National Center for Health Statistics.	1993-1995, varies by country; 10 industrialized countries
H6: Injury Deaths per 100,000 population (15-24)	Fingerhut, L.A., Cox, C.S. and Warner, M. (1998). International Comparative Analysis of Injury Mortality. Center for Disease Control and Prevention, National Center for Health Statistics.	1993-1995, varies by country; 10 industrialized countries
H9: Adolescent Birth Rate (see age-specific fertility rates for ages 15-19)	Census International Database. 2000.	2000; all
Behavior/Social Environment		
BEH 1: Percentage of Students Who Report Smoking Daily	Currie, Candace, et al. (Eds.). 2000. Health and Health Behavior Among Young People. Copenhagen: World Health Organization. Health Behavior of School-Aged Children Study (HBSC).	1997-98; 28 industrialized countries
BEH 2: Percentage of Students Who Report Having Been Drunk Twice or More Often	Currie, Candace, et al. (Eds.). 2000. Health and Health Behavior Among Young People. Copenhagen: World Health Organization. Health Behavior of School-Aged Children Study (HBSC).	1997-98; 28 industrialized countries
BEH 3: Percentage of 9th Graders Who Have Ever Used Illicit Drugs	Eisner, M. (1999). Crime, Problem Drinking and Drug Use Patterns of Problem Behavior in Cross-National Perspective. Zurich, Switzerland: Swiss Federal Institute of Technology.	1995; 44 industrialized countries
BEH 4: Juvenile Violence in Europe	Pfeiffer, Christian. (1998). Trends in Violence in European Countries. National Institute for Justice, U.S. Department of Justice.	1985-1995, varies by country; European countries

Indicator Name	Source	Data Collection (Date & Country)
Education		
E1: Enrollment in Preprimary Education by Age	OECD. (2000). Education at a Glance. Organization for Economic Cooperation and Development.	1998; OECD countries
E2a: Performance in Mathematics and Science in 1999 (8th Grade)	Third International Math and Science Study (TIMSS); Third International Math and Science Study – Repeat. Available http://nces.ed.gov/timss/timssr/figure_1.html	TIMSS-R - 1999; TIMSS-R countries
E2b: Performance in Mathematics and Science in 1995 (4th, 8th, and end of Secondary School)	Chris Calsyn (AIR); Patrick Gonzales; Mary Frase. (1999). Overview and Key Findings Across Grade Levels. (NCES 1999081). U.S. Department of Education. Washington, DC: National Center for Education Statistics.	TIMSS 1995; TIMSS countries
E3: Literacy Scores for Persons Aged 16-25 with Completed Secondary Education	OECD and Statistics Canada (2000). Literacy in the Information Age: Final Report of the International Literacy Study. OECD and Minister of Industry, Paris and Ottawa.	1994-1995; AUS, BEL, CAN, GER, SWE, SWI, UK, US, POL, CHILE, NZ, POR, ITA, SLO, IRE, HUN, SWE, NETH, CZECH, NOR, FIN, DEN
E4: Youth Neither in School nor Working	OECD. (2000). Education at a Glance. Organization for Economic Cooperation and Development.	1998; OECD countries
E5: Ratio of Upper Secondary Graduates to Total Population at Typical Age of Graduation by Program Destination and Orientation	OECD. (2000). Education at a Glance. Organization for Economic Cooperation and Development.	1998; OECD countries
E6: Graduation Rates in Tertiary Education by Type of Programme	OECD. (2000). Education at a Glance. Organization for Economic Cooperation and Development.	1998; OECD countries

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Using the Census 2000 Supplementary Survey to Illuminate Child Well-Being

Kerri L. Rivers and Mark Mather, Population Reference Bureau

In early 2002, the Population Reference Bureau (PRB) and the Annie E. Casey Foundation (AECF) will publish a special report on children. The report will present changes from 1990 to 2000 for the nation, 50 states, and the District of Columbia for several risk factors including children in poverty, children in working poor families, children living with a householder who is a high school dropout, and children without secure parental employment. The report will show 1990 census data and 2000 data from a special survey, the Census 2000 Supplementary Survey (C2SS).

In 2000, the Census Bureau conducted the C2SS, a nationwide survey of approximately 700,000 households in 1,203 counties. The C2SS program collected data similar to those available from the Census long form (i.e., social, economic, and housing data) using the American Community Survey (ACS) questionnaire. The C2SS program was implemented during 2000 to compare the results for states and selected communities with those from the Census long form, as well as to determine the operational feasibility of conducting the ACS at the same time as the decennial census. The purpose of the ACS is to provide communities with reliable, annual estimates that can be used to administer programs, distribute funds, and to monitor social, demographic, and economic trends. Such local-area data currently are collected once every 10 years in the long form of the decennial census.

Data users and the general public can benefit immediately from the C2SS. The Census Bureau recently released state-level data from the C2SS – several months in advance of the 2000 Census long form data. In November 2001, the Census Bureau released additional C2SS data for cities and counties with 250,000 or more people. A second supplementary survey for 2001 (SS01) is currently underway and a third survey (SS02) will be conducted in 2002. Combined, these three datasets will provide a comprehensive look at social and economic change in states and large cities during 2000-2002.

It is important to note that C2SS data are experimental. This is the first time the Census Bureau has conducted a survey of this magnitude outside of the decennial census program, and it is "a necessary and important first step in exploring a redesigned short-form only census in 2010." (Statement made by Kathleen Cooper, the Commerce Department's under secretary for economic affairs in an August 6, 2001 press release.) Because of differences in the questionnaires and methodologies, the C2SS yields different results than the

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Statement of Purpose

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State Scene

Census 2000 supplementary Survey, continued from page 1

2000 decennial census. One methodological difference between the two surveys is that the 2000 census included people in group quarters, whereas the C2SS collected data from those living in households only. Another methodological difference is that the 2000 census collected data from people as of one day - April 1, 2000. The C2SS, on the other hand, was conducted throughout the calendar year. When 2000 Census long form data are released in 2002, they are expected to differ from the social and economic data available from the C2SS.

That being said, from a data user's standpoint, the C2SS and ACS programs have many advantages. They provide timely data from a well-trusted source that are comparable over time and across geographic areas. Many organizations that currently rely on administrative records will be able to use the ACS to compare the status of children in their communities with surrounding jurisdictions, their state, or the nation as a whole. The C2SS surveyed 700,000 households, which is more than ten times the sample of the monthly Current Population Survey (CPS). If Congress approves funding for the ACS program, the survey will be administered nationwide in 2003 to approximately 3 million households annually.

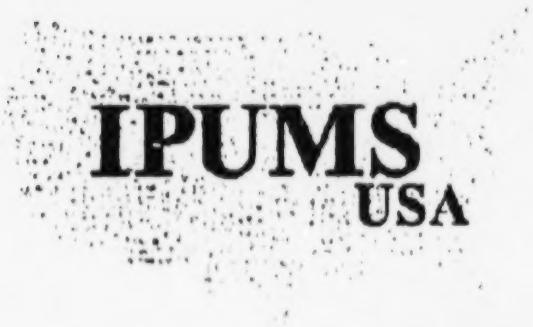
The Census Bureau has published 107 "core" tables from the C2SS, including data on age, gender, poverty status, family type, participation in school lunch programs, school enrollment, care-giving by grandparents, and fertility rates for teens between 15 and 19 years of age. Data are currently available for states, and data for sub-state areas (250,000+ population) were released on November 20, 2001. The Census Bureau also plans to produce a Public Use Microdata Sample (PUMS) on CD-ROM, which will allow data users to produce custom tabulations with the C2SS data. For instance, the PUMS file could be used to determine the number of children whose families are in poverty and are not receiving cash assistance. The PUMS data are scheduled to be released sometime in 2002.

If the ACS gets funded by Congress, the 2000 C2SS data may become the baseline for future trend data. The Population Reference Bureau and Annie E. Casey Foundation decided to take advantage of this resource and take an in-depth look at how children at risk have fared from 1990 to 2000. The goal is to provide the KIDS COUNT network and other child advocates with the latest data available on child well-being and also to demonstrate the usefulness of the ACS program. The report is scheduled to be published in January/February 2002.

For a more detailed description of the ACS, please refer to volume 1, issue 1 of The Child Indicator (available online at www.childtrends.org) or visit www.census.gov/acs/www. Information about the C2SS and data tables are available on the Census Bureau's website at http://www.census.gov/c2ss/www/Products/index.htm or http://factfinder.census.gov.

For information on the upcoming report being prepared by PRB and AECF, contact Mark Mather at mmather@prb.org.

Micro-level Census Data Available for Analysis through IPUMS



If you have ever found yourself limited by existing tabulations of census data provided by the U.S. Census Bureau—and if you have some facility in analyzing micro-data—you will find IPUMS to be a great resource. Analysts at the Minnesota Population Center (MPC) of the University of Minnesota created the Integrated Public Use Microdata Series (IPUMS) in 1997. The system currently consists of individual- and household-level data from decennial censuses from 1850 to 1990, extensive documentation and an on-line data-extraction tool for those who want to analyze their own data using SAS, SPSS, Stata, or some other statistical software, or the choice of two user-friendly tabulation tools for those who don't.

The MPC plans to add the 1 percent sample of the 2000 Census data to the IPUMS three to four weeks after its release by the U.S. Census Bureau. As soon as the sample is released, the MPC will post an expected "IPUMS inclusion date" on the "news" page of their website (http://www.ipums.umn.edu/usa/news.html). Interested users should start checking the website in the second half of 2002.

The IPUMS includes almost all the data gathered in the original census enumerations. The main exception is that, due to confidentiality rules established in 1940, information such as names or addresses that could be used to identify specific individuals or households is not available to the public. Pre-1940 samples do include residential addresses, but starting in 1940, only places with more than 100,000 individuals (or more than 250,000 in 1960 and 1970) are identified. Estimates can be produced at the city or state level using IPUMS data.

IPUMS includes data on:

- fertility
- marriage
- immigration
- internal migration
- labor-force participation
- occupational structure
- education
- ethnicity
- household composition.

The IPUMS website points out that although later census years tend to include a broader range of variables than earlier years, the variables included in the earlier censuses often include more detail or more categories than later years.

In the past, creating tables of historical trend data was difficult because different years of data were available in inconsistent formats. One of the greatest benefits of IPUMS is that each sample of data has a similar record layout, coding scheme, and documentation for 13 consecutive censuses. For example, although no two censuses include exactly the same variables, IPUMS uses the same variable names where possible and stores the raw data for a particular variable in the same spot in the file from year to year. IPUMS analysts created two versions of many variables: a general code, serving as a "lowest common denominator" representing categories of data available in every sample, and a detail code that allows categories within the variable to differ across samples so that the highest level of detail is also retained.

An on-line data dictionary shows which variables are available for which years. Users can click on a link to get a variable description, which includes the population universe for each year, an explanation of the variable with notes on comparability from year to year, and special user notes (denoted by a little bomb with a burning fuse!) that alert you to potential problems you may encounter. A second link will take you to a screen showing codes and frequencies for the variable for each sample.

Additionally, a single on-line data extraction system allows you to extract data simultaneously for multiple years of data. To extract the data, you need to register on the IPUMS website. The

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Local Scene

Neighborhood Change Database (NCDB)

Peter Tatian, The Urban Institute

The Urban Institute and Geolytics, Inc. are producing a new data resource that will enable policy makers, community organizations, and researchers to examine and analyze changes that have occurred in U.S. neighborhoods over the past three decades. The Neighborhood Change Database (NCDB) will combine tract-level data from the 1970 – 2000 decennial censuses into one easy-to-use product. It will be the only source of publicly available census data with variables and tract boundaries that are consistently defined across census years. The effort is being supported with funds from the Rockefeller Foundation. The NCDB is intended to be user-friendly to a wide variety of audiences. The first NCDB data are expected to be made available by the end of 2001.

The NCDB builds upon a previous Urban Institute effort called the Under Class Database (UDB), which was initially created in 1989. The UDB contains social, demographic, economic, and housing data for census tracts in the United States from the 1970, 1980, and 1990 censuses.

The NCDB will combine data from the UDB with new information from Census 2000. A standard set of indicators will be provided for each of the 65,232 census tracts in the United States. Census tracts are locally-determined geographic units, ranging in size from 2,500 to 8,000 persons. Tracts are meant to approximate "neighborhoods" by capturing a group of residents with similar population characteristics, economic status, and living conditions. Tracts can be used by themselves as units of analysis, or as the building blocks to create larger neighborhood areas.

It is envisioned that the NCDB will serve any number of useful purposes for those interested in the well-being of neighborhoods and communities. For instance, it will be possible to measure changes in the concentration of poverty in neighborhoods over time, along with other measures of family risk, such as single-parent families and unemployment. The NCDB can be used to study patterns of racial and ethnic segregation in cities and metropolitan areas. Or, it can be a source of data for neighborhood "report cards" or to help identify areas for service delivery or targeted interventions.

To be able to make accurate comparisons of neighborhoods over time, one must adjust for the way tract boundaries get redefined. Using GIS technology and taking advantage of Geolytics' access to geographic boundary files for previous censuses, a methodology has been developed to "remap" earlier data to a standardized set of 2000 census tract boundaries. As a result, the NCDB will be able to provide data that will make it possible to compare neighborhood conditions consistently across time. Furthermore, each tract will be identified according to the city, county, and metropolitan area in which it is located. Like tracts, the definitions of these areas also change from time to time, making comparisons across years difficult. The NCDB will therefore allow consistent analysis of data for these larger geographies, too.

The NCDB is being designed to be easy to use by a variety of audiences. NCDB data products will be released on CD-ROM using Geolytics' proprietary data compression and mapping technology. The data can be accessed using the menu-driven, user-friendly mapping and analysis software included on the same CD-ROM, or the data can be extracted for use in external database, mapping, and analysis packages. Pricing for the NCDB products will include significant discounts for community-based nonprofit organizations.

The NCDB will have two separate releases, corresponding to the release of Census 2000 short and long form data. The Preliminary NCDB will be based on the "short form" data. This version will include only the basic population and housing characteristics (race, ethnicity, age, household and family type, housing tenure) from the short form questions answered by all households for the 1970 - 2000 decennial censuses.

The Final NCDB will be based on the complete set of "long form" questions that were asked of about one out of every six households in the census. These data include additional detailed population, household, and housing characteristics, including income, poverty status, education level, employment, housing costs, immigration, and other variables of interest for research, social policy, and community building.

Based on the Census Bureau's current plans for the release Census 2000 data products, the Preliminary NCDB is expected to be available in December 2001 and the Final NCDB in July 2003. These dates are subject to change, however, depending on the actual release of Census 2000 data.

The NCDB project is co-directed by Peter Tatian and Tom Kingsley at the Urban Institute. For more information, please contact them at nnip@ui.urban.org.

Data Takes — Children's Health Survey (CHS)

The Children's Health Survey (CHS) is a new survey from the National Center for Health Statistics (NCHS) that will provide health data about children at the state level. Children's health is broadly defined for this survey, allowing for the inclusion of a variety of indicators of well-being in addition to common measures of physical health. Researchers are currently recommending child well-being measures for the survey, which will be fielded in 2003.

The CHS will consist of a core survey with additional age-specific modules. The survey uses standard questions, most taken from other existing surveys for early childhood, middle childhood, or adolescence. Data collection will take one year, after which a public use data file will be available for anyone to analyze. The areas covered by the CHS will include the following:

- Health and Functional Status
  Including: perceived health, presence of a special health care need, emotional and behavioral health, oral health, height and weight, maternal and paternal health habits, and maternal and paternal health status.
- Health Insurance
- Health Care Access and Utilization
- Usual Source of Care, Presence of a Personal Doctor or Nurse, and Medical Home
- Family Functioning and Family Concerns
  Including indicators such as: family cohesiveness, time spent with child, and family stress.
- Neighborhood and Community Characteristics
- Demographics and Socio-Economic Status

In order to provide state and local data, the survey will be conducted using the State and Local Area Integrated Telephone Survey (SLAITS) mechanism, which uses the sampling frame of the National Immunization Survey (NIS). To conduct the NIS, the NCHS screens one million households each year. The CHS survey will take advantage of this pre-existing sampling framework to reach two thousand households in all 50 states and the District of Columbia. Using the same sampling framework for more than one survey can lead to a valuable expansion of the federal data system at a relatively low cost.

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IPUMS website walks you through a series of steps to select your sample and variables. Finally, IPUMS notifies you by e-mail when your extract is ready for download. You then download the data in ASCII format, a codebook for the variables you selected, and code to convert the raw data to a format useable by your statistical software.

Two features of the extract system make the database particularly useful for researchers. First, extracts are available in three or more sample densities: "tiny" samples of approximately 2,100 randomly selected households, useful for testing new syntax statements; "small" samples of 21,000 households provide a reasonable number of cases to quickly assess whether or not a research question can be answered from these data; "regular" samples of 1-in-100 cases are sufficient for most research questions; and, finally, "large" 5-in-100 samples available in the more recent censuses enable you to examine small subpopulations. Secondly, recent enhancements to the IPUMS extract system now provide users with their own extract summary page which retains a record of all extract requests submitted by a particular user. Users can download data, codebook and command files for their recent extracts here. This page also allows you to review, revise, and resubmit your old requests to generate a modified extract.

For further information, or to access the data, visit:

http://www.ipums.umn.edu/usa/index.html
Historical Census Project
Minnesota Population Center
University of Minnesota
537 Heller Hall
271 19th Avenue S.
Minneapolis, MN 55455
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Programme for International Student Assessment (PISA)

The Organization for Economic Cooperation and Development (OECD) Programme for International Student Assessment (PISA) is new survey that aims to measure how well young adults approaching the end of compulsory schooling are prepared to meet the challenges of today's society. The assessment is forward-looking, focusing on young people's ability to use their knowledge and skills to meet real-life challenges. More than a quarter of a million students, representing almost 17 million 15-year-olds enrolled in the schools of the 32 participating countries, were assessed in 2000. Another 13 countries will administer the same assessment in 2002 and future surveys are planned for 2003, 2006, and 2009. An international report of the findings of PISA 2000, as well as a CD-ROM with micro-level data, will be released by the OECD in December 2001.

PISA is administered to 15-year-old students and covers reading, mathematics, and scientific literacy with an emphasis on the mastery of processes, the understanding of concepts, and the ability to function in various situations within each domain. An additional survey to provide school background information is completed by school principals. The questions in the assessments do not ask for specific information, rather they present real-life problems that require the application of skills and knowledge learned in school and "beyond the school gates."

PISA Assessment Domains

Reading Literacy
- Reading different types of text: continuous prose (descriptive, narrative) and documents representing different structures
- Reading tasks: retrieving information, interpretation, reflection
- Reading texts for different situations: instructions, personal interest, work requirements

Mathematical Literacy
- Carrying out procedures: reproduction, definitions, and computations
- Making connections: connections and integration for problem solving
- Mathematical thinking, generalization, and insight

Scientific Literacy
- Scientific Process: recognizing scientifically investigable questions, evidence needed for scientific inquiry, drawing conclusions
- Scientific Concepts: drawn from biology, chemistry, and physics- energy, nutrition, adaptation, conservation, etc.
- Situations: problem solving for individuals, communities, the world

The PISA website (http://www.pisa.oecd.org/) provides further information about the types of questions posed to students through an interactive sample assessment that allows viewers to take a short sample test that includes questions in all three domains.

Each round of PISA will also have a couple of one-time only modules as well as an in-depth survey covering literacy in one of the domains. PISA 2000 and PISA Plus 2001 include an assessment of student self-concept that focuses on motivations and attitudes as well as an in-depth survey of reading literacy. The results for these sections will be included in the international report and microdata release in December. The PISA 2003 will include a section focusing on problem solving skills, an in-depth survey of mathematical literacy, and possibly the addition of a longitudinal school-to-work transition survey.

In addition to the December report, each participating country will publish a report focusing on their population. Additionally, the OECD will publish a series of thematic reports. For PISA 2000, the reports will focus on the following topics: social background and student achievement; engagement and motivation; meeting the needs of low and high achieving students; school factors related to quality and equity; an international profile of reading literacy; and gender differences in achievement. These reports will be published in 2002.

PISA is coordinated and funded by the OECD, an organization whose member countries support democratic government and market economies. Member countries collaborated to design and implement

Continued on page 8

Research Takes

New Work to Improve Indicators on Disabled Children and Youth

Traditionally, the focus of disability research has been on the elderly, not on children. Yet many reasons exist for expanding our knowledge about children with disabilities, and new work is currently taking place to do so.

One annual report that does include indicators of children's health status and activity limitations is America's Children: Key National Indicators of Well-Being, published annually by the Federal Interagency Forum on Child and Family Statistics (see vol. 1, iss. 1 of The Child Indicator for more on America's Children). However, Dennis Hogan of Brown University, a disability researcher, believes that disability should be treated not only as an indicator of current well-being, but also as a measure associated with future well-being.

In the America's Children report, the Forum often examines indicators of well-being separately for groups of children that are considered to be at-risk for poor developmental outcomes. These subgroups include racial and ethnic minorities, poor children, children in single-parent families, and children whose parents haven't completed high school. It does not, however, offer separate estimates of well-being by disability status. Disability is associated with living with single parents, poorer family environments and less safe home environments—all factors associated with developmental risk. Thus, tracking the way outcomes differ among children with and without disabilities is important.

Dr. Hogan and other researchers would also like to know how children with disabilities can develop well. What is positive development for children with disabilities?

Indicators of child disability are also important for social science research. For example, Dr. Hogan notes that having a disability or having a child with a disability could be a barrier to work for parents receiving welfare, yet welfare surveys often don't ask about disability. Also, having a child with disability is a risk for divorce, so disability can be an important measure in studies of families.

To address the gaps in availability of disability data, Dr. Hogan is working with the National Institute for Child Health and Human Development (NICHD) Family and Child Well-being Research Network, the Assistant Secretary for Planning and Education (ASPE), and the Forum. He is leading a group of eight or nine researchers—primarily volunteers—from various organizations in evaluating and making recommendations about disability indicators. This team is trying to catalog every measure of children's disability that has appeared in social surveys since 1995—this includes about 24 surveys. Their goal is to identify and improve the most effective measures.

Dr. Hogan and his colleagues are also working on quantitative analyses of how many questions are needed in order to identify disability, using the National Health Interview Survey (NHIS) and Survey of Income and Program Participation (SIPP). In fact, they are finding that surveys can sometimes use fewer questions than they currently do to identify disability.

Dr. Hogan is also planning a handbook on the survey measurement of child disability, which will be released in about a year. In addition to descriptions of measures that researchers can use to gauge disability, the book will also include discussion of what methods have been used to measure disability, why it is important to measure disability, and why it is important for medical professionals to use survey data. Additionally, he is developing a web site with useful information on disability indicators.

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this survey; the competency areas reflect the policy interests of OECD members. Researchers from all member countries were involved in the development of PISA instruments and will continue to be involved in the analysis of PISA data. PISA implementation is coordinated through an international consortium, with Westat (http://www.westat.com/) in charge of implementation in the United States.

Due to increased interest from non-member countries after the first wave of PISA, OECD is organizing a second round of PISA. This round — PISA Plus — will be fielded in 11 countries. The two surveys are identical, but the three-year cycle for PISA Plus will be offset from the PISA survey by one year, with the first round of interviews for PISA Plus taking place in 2001.

Countries Participating

PISA: Australia, Austria, Belgium, Brazil*, Canada, China*, Czech republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Latvia*, Luxembourg, Mexico, The Netherlands, New Zealand, Norway, Poland, Portugal, Russian Federation*, Spain, Sweden, Switzerland, United Kingdom, United States *Participated but are not OECD members.

PISA Plus: Albania, Argentina, Bulgaria, Chile, Hong Kong, Indonesia, Israel, Lithuania, Peru, Romania, Thailand.

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http://www.pisa.oecd.org/
- gives detailed information about PISA
http://nces.ed.gov/surveys/pisa/
- NCES website, has PISA USA information

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State-Level Indicators of Maternal, Infant, and Child Health

The Henry J. Kaiser Family Foundation and the March of Dimes have recently put online resources that provide valuable indicator data for policy makers and others interested in the health of women, infants and children. The Kaiser Family Foundation website, State Health Facts Online at http://www.statehealthfacts.kff.org/, provides a wide range of health indicator data for all 50 states including many on newborns, children, and youth. The March of Dimes PeriStats website, at http://www.modimes.org/peristats, provides easy access to state and county data for a more focused set of maternal and infant health indicators.

Kaiser State Health Facts Online

The core of State Health Facts Online is a database encompassing a wide variety of health indicators arranged in eleven categories: population demographics, health status, health coverage and uninsured, Medicaid and CHIP, Medicare, managed care and health insurance, providers and service use, women's health, minority health, and HIV/AIDS. More than 215 available indicators are arranged as sub-categories within each of these areas. The indicators can be viewed using the 50 State Comparison feature or by viewing Individual State Profiles.

The 50 State Comparison allows the user to select one indicator and view the data for all 50 states at once. The information is displayed using graphs, rankings, or color-coded maps according to the type of data. The user can customize the display by choosing the method used to sort the states (for example, when viewing the number of low birthweight infants by race/ethnicity, the states can be arranged alphabetically or within the group by race or ethnicity) and whether to view the indicator as a population estimate or percent.

The Individual State Profiles component allows users to easily access specific indicator information for any state. The data are displayed simply with national estimates included for comparison. In addition to indicator information, the individual state profiles have an At-A-Glance category, which provides contact information for the state, legislature, Medicaid, and the Department of Insurance.

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Announcement

Available Tuesday, February 5: *The Right Start for America's Newborns: A Decade of City and State Trends* (1990-1999), is an online report presenting a full decade of data on eight measures of healthy births for each state and the nation's 50 largest cities. A joint project of KIDS COUNT and Child Trends, the report can be seen at www.aecf.org/kidscount/rightstart2002.

Statement of Purpose

The goal of **The Child Indicator** is to communicate major developments within each sector of the child and youth indicators field to the larger community of interested users, researchers, and data developers on a regular basis. Each issue includes articles on projects and programs using child and youth indicators at the national, state, and community levels, with occasional reports on international projects. In addition, we feature new developments in scientific research and data development, as well as useful resources including publications, web sites, and listservs. By promoting the efficient sharing of knowledge, ideas, and resources, **The Child Indicator** seeks to advance understanding within the child and youth indicators community and to make all its members more effective in their work.

State Scene

State-Level Indicators of Maternal, Infant, and Child Health continued from page 1

Data for only the most recent year available (in most cases 1998 or 1999) are displayed. The Kaiser Family Foundation will update the website as more recent figures are released and new topics are added. Information on the website comes from a variety of sources including reports and publications from the Kaiser Family Foundation, the Centers for Disease Control and Prevention, and the U.S. Census Bureau. The data presented are also available as downloadable text files that can be imported into most spreadsheet and database applications including Excel. In addition, the website provides links to related publications and resources.

March of Dimes PeriStats

The March of Dimes PeriStats website focuses specifically on maternal and infant health indicators. PeriStats is an interactive web-based resource that provides state and county level maternal and infant health-related data. PeriStats allows users to choose state data, county data, or to view an "at a glance" option which links to the Perinatal Profile for that state.

The Perinatal Profiles are a comprehensive resource to monitor states' progress towards the March of Dimes goals of reducing infant mortality and low birthweight rates and increasing access to adequate prenatal care available for all 50 states, the District of Columbia, Puerto Rico and the United States. The Perinatal Profiles provide information on states' current performance for these three indicators as well as state-specific and U.S. trends for each. The states' rates are compared to both U.S. rates and to the target rates set in the Healthy People 2010 National Objectives, which were established by the U.S. Department of Health and Human Services (see vol. 2, iss. 1 of The Child Indicator newsletter for more information about *Healthy People 2010*). The profiles are eight pages and include the same information for each state so that comparisons among states can easily be made. The reports also include state maps highlighting county data and rankings of all 50 states for each of the three indicators.

For those with more focused interests, the interactive component of PeriStats allows users to easily access specific data on births, infant deaths, the population, or risk factors at the state level and most indicators at the county-level. After selecting a state, users choose a category of interest, such as adequacy of prenatal care, as well as a sub-interest, such as inadequate prenatal care by maternal race, race/ethnicity or age. The year or years of interest, and a display format (graph or table usually) must also be specified. For state data there is also the option to compare data to that of other states or to national data while the county option simply provides data for all the counties in the state.

The data used in PeriStats and the Perinatal Profiles are gathered by the March of Dimes Perinatal Data Center from the National Center for Health Statistics, the U.S. Bureau of the Census, and other organizations and agencies. The state and county data are available for 1996 through 1998, and also contain trend data for some indicators from 1990 to 1998. Some risk indicator data are available for more recent years. PeriStats will be updated at least annually to reflect the most recent data available.

Continued on page 4.

The Lesser-Known Treasures of the Monitoring the Future Survey

Many of us know Monitoring the Future (MTF) as one of the premier resources for annual estimates of drug use and related issues among students in the eighth, tenth, and twelfth grades. Less well known, and much less publicized, is the fact that MTF gathers data on a wide variety of important issues beyond drug use, including students' educational goals, risk behaviors, health habits, and leisure time activities.

Non Drug-Related Areas of Inquiry in MTF for 8th, 10th, and 12th Grade Students Include:

- **Leisure Activities:** movie going, shopping, reading, volunteering, exercising
- **News and Current Events:** use of radio, TV, newspapers, and magazines to get information
- **After School Jobs:** hours, type of job
- **Attitudes and Opinions:** self, the future, risk taking, rules, gender roles
- **Religion:** preference, attendance, and importance
- **School:** grades, homework, attendance, safety, extracurricular activities, computer use, and educational goals
- **Risk Behaviors:** running away, fighting, stealing
- **Health Habits:** eating habits, exercise, sleep
- **Parental Involvement**

Additional Areas of Inquiry for 12th Grade Students:*

***The 12th Grade Survey is longer, so additional topics are covered**

- **Future Goals:** work, income, family, community involvement
- **Citizenship and the Government:** what a "good citizen" is, the role of the government
- **Political Beliefs and Activism:** taxes, war, pollution and the environment.

MTF was started in 1975 by Lloyd Johnston and Jerald Bachman at the University of Michigan Survey Research Center. Since then they have been joined by Patrick O'Malley, John Schulenberg, and John Wallace. The study has been supported throughout by a series of investigator-initiated research grants from the National Institute on Drug Abuse (NIDA), one of the National Institutes of Health (NIH). From 1975 until 1991 only high school seniors were surveyed; in 1991, however, the project was expanded to include eighth and tenth grade students. Each year about 50,000 students in 420 public and private schools are surveyed (16,000 seniors, 17,000 tenth graders, and 18,000 eighth graders).

While the study has always included questions about students' beliefs, attitudes, and behavior in a number of areas, its central mission has been to monitor and explain changes in drug, alcohol, and cigarette use. Questions about other topics have been included for a number of reasons, including their potential relationship to drug use, the fact that they represent (or are related to) other problem behaviors of youth, and/or because their inclusion might make the experience of completing the survey more interesting for the respondents. While the University of Michigan researchers publish in a number of these areas, a substantial part of their effort has gone to the substance abuse subjects. Statistics from the MTF on drugs, alcohol, and cigarettes are published in three monographs annually with much fanfare; statistics related to other topics are not yet routinely published for eighth and tenth grades, though the twelfth grade summary statistics can be found in the annual publication *Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors.*

For those interested in creating their own estimates, the University of Michigan does make microdata available online for all grades and all years (including responses to all survey questions) through the Substance Abuse and Mental Health Data Archive (SAMHDA) at http://www.icpsr.umich.edu/SAMHDA/mtf.html.

SAMHDA also has a data analysis system (DAS) that can produce cross-tabulations, descriptive statistics, and frequencies for a subset of the MTF 1995-2000 twelfth grade microdata. Accessible through the SAMHDA site, DAS provides an easy way for users to get basic statistics for MTF.

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Basic Training in the Use of Social Indicators

The New York State Council on Children and Families (CCF) has long championed the use of social indicators data as important tools for community service planning and coordination within the state. To ensure proper and effective use of social indicators data, Council staff and colleagues from other state and community agencies recognized a need for a training curriculum that could help community planners develop and monitor cross-system initiatives.

Preliminary discussions with community planners indicated that the materials already produced would not meet the needs of future training participants for a variety of reasons. As a result, Mary DeMasi, Senior Policy Analyst with the Council, partnered with researchers Charles Izzo and Robert Rich from Cornell University and Ann Dozier of the University of Rochester to develop a basic training curriculum that they are now offering around the state to great reviews. "It's nice to have all the pieces presented in an integrated fashion," remarked one attendee at a recent two-day workshop. Though designed to meet the needs of New York communities, the curriculum could easily be adapted for use in states and communities around the country.

The curriculum covers basic issues, including:

- using indicators: scanning, planning, and evaluating;
- choosing indicators: accuracy, practicality, relevant research and community values;
- obtaining data: secondary data sources, original data collection, and multi-method approaches;
- analyzing and interpreting indicators: rates, percentages, and making comparisons; confidence intervals and statistical significance; recognizing and handling the rare event problem; choosing appropriate comparisons;
- presenting data: considering the audience; simple and effective presentation tips; and
- incorporating indicator data into decision-making processes (priority setting).

In addition to lecture, the workshops use an innovative case study approach to give participants a real feel for how social indicators data can be used to support local planning and decision-making. Dr. DeMasi and her colleagues intend to continue developing and refining their materials in the coming year. "I view these materials as a constant draft that is always improving," says DeMasi.

In the near future, CCF and its university colleagues plan to develop a similar curriculum on using indicators as tools of program evaluation, and may develop a more advanced follow-up to their basic training indicators curriculum.

Those who are interested in reviewing these training materials, or who would like additional information, can contact:

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State-Level Indicators of Maternal, Infant, and Child Health continued from page 2

Contact Information:

To access State Health Facts Online, go to:
http://www.statehealthfacts.kff.org/

The Henry J. Kaiser Family Foundation
Barb Wentworth or Erin Holve
2400 Sand Hill Road
Menlo Park, CA 94025
(650) 854-9400
http://www.kff.org

To access the Perinatal Profiles and other perinatal statistics, go to:
http://www.modimes.org/peristats

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
888-MODIMES (663-4637)
http://www.modimes.org/

Data Takes | Community Health Status Indicators Project

The *Community Health Status Indicators (CHSI) Reports* allow individuals to compare health indicator data for any county in the United States to *Healthy People 2010* targets, 1997 U.S. rates, and peer counties in a "user friendly" format. The impetus for these reports grew from a desire to provide local health officials with a single, brief document that assesses the areas of health needs, quantifies vulnerable populations, and measures preventable disease, disability, and death in their counties.

The reports are the product of a collaboration among the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Public Health Foundation (PHF), and is sponsored by the Department of Health and Human Services' Health Resource and Services Administration (HRSA).

Each of the reports provides basic racial/ethnic and age-group data for the target county and similar data for other "peer" counties, counties that are similar in frontier status (i.e., urban/suburban/rural), population size, poverty, and age structure. The reports contain sections with data on causes of death broken out by age and racial/ethnic categories as well as a variety of information on birth measures and infant mortality. Birth-related measures in the reports include percentages of: low birth weight babies, very low birth weight babies, premature births, teen mothers under 18, older mothers over age 40, unmarried mothers, and women receiving no prenatal care in their first trimester. They also identify the sizes of "vulnerable populations," groups who may face unique health risks and barriers to care, and they provide data on environmental health risks such as infectious disease prevalence and county compliance with national air quality standards.

The individual county reports draw data from sources such as the Centers for Disease Control and Prevention, the Census Bureau, the Environmental Protection Agency, and the National Center for Health Statistics. Focus groups of local and state officials, roundtable discussions at national meetings, and the CHSI Advisory Committee provided input into the content of the reports to ensure that they met the needs of localities and abided by the rigorous standards of the public health scientific community.

The CHSI website contains 3,082 reports, one for each county in the United States, and allows users to search for a specific county or for any counties that meet certain population size or racial/ethnic specifications. The reports can be downloaded in portable document format (pdf) from the site.

For more information about the project or to download county-level health reports, please visit the CHSI website at: http://www.communityhealth.hrsa.gov.

The Lesser-Known Treasures of the Monitoring the Future Survey, ***continued from page 3***

For those interested in having MTF staff perform analyses for you, a request can be made to the University of Michigan. The request is a three-step process requiring two application forms and a University of Michigan investigator review of the request to assure consistency with the stipulations for protecting the confidentiality of the subjects. Such requests are not covered in MTF's budget so the requestor must cover the costs; the minimum charge is $950.

For Further Information Please Contact:

General Information

MTFinfo@isr.umich.edu

Data Requests and Information

Shelly Yee
shellyee@isr.umich.edu

Website: http://www.monitoringthefuture.org/

Microdata:
http://www.icpsr.umich.edu/SAMHDA/mtf.html

United Nations Human Development Report 2001

Each year the United Nations Human Development Programme releases a *Human Development Report* designed to assess the state of human development across the globe and to provide a critical analysis of a specific theme. The specific focus of this year's report is an examination of the ways in which new technologies are shifting the face of global development, particularly with regard to addressing poverty in the developing world.

The report includes hundreds of indicators for all of the UN member countries (and a few others as well), including many that directly reflect the well-being of children and youth. These include: underweight children under age 5, population under age 15, one-year-olds fully immunized against tuberculosis and measles, births attended by skilled health staff, children under weight for age, children under height for age, infants with low birth-weight, children living with AIDS, the infant mortality rate, under five mortality rate, youth literacy, children reaching grade 5, youth unemployment rates, and school enrollment ratios. It also includes policy indicators on the status of the Convention on the Rights of the Child, and the status of conventions calling for the abolition of child labor. The indicators can be searched online at: http://www.undp.org/hdr2001/indicator/, or can be downloaded as pdf documents from the website.

The Report also includes a Declaration of Goals for 2015, including: enrolling all children in primary school and achieving universal completion of primary school; reducing the maternal mortality ratio by three-quarters; reducing the infant mortality ratio by two-thirds; and providing access to reproductive services for all who want them. A history of achievements toward these goals is provided, as is a mapping of the unfinished path. For more information and a full copy of the report, visit: http://www.undp.org/hdr2001/.

Recently Released

The ***Kids Count International Data Sheet*** is an attractive poster that documents the status of children in the world's 100 most populous countries. The Data Sheet, produced by the Population Reference Bureau and Child Trends in collaboration with UNICEF, presents the most current international data on the health and welfare of children. Ten key indicators are used to compare the status of children country by country: number and percentage of children under age 18; mortality rate under age 5; 15-19 year-olds giving birth each year; primary school age children in school; malnourished children under age 5; children with all required DPT3 immunizations; births with skilled attendant at delivery; population with access to safe water; and the number of AIDS orphans.

For copies of the Data Sheet and accompanying summary please contact:

Jenice Robinson
Phone: 202-362-5580
Email: jrobinson@childtrends.org

The Data Sheet can be downloaded from any of the following sites:

www.kidscount.org www.prb.org www.childtrends.org

Child Health USA 2001 is an annual report, produced by the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB), that looks at "the health status and service needs of America's children." Fifty-nine child health status indicators are presented to illustrate progress towards the MCHB's goal of healthy children and families. The indicators are divided into three broad categories: population characteristics, health status, and health services utilization. The presentation of each indicator includes a summary, which includes trend data when possible, and a graphic to illustrate the data. In addition to national data for the fifty-nine indicators, the report includes sections on state- and city-specific data as well as a section discussing progress towards national goals. There is also a section that highlights performance and outcome measures of the Title V Maternal and Child Health Block Grant program, a Federal-State partnership that supports and develops community-based solutions that can lead to better health outcomes for children.

Website: http://www.mchirc.net/CH-USA.htm

Counting Couples: Federal Agencies Meet to Improve Measures of Marriage and Family Structure

On December 13-14, 2001, the Federal Interagency Forum on Child and Family Statistics (Forum) convened a meeting to review how member agencies currently measure marriage, divorce, remarriage, and cohabitation, and to explore how those measures might be improved. Specific aims were to:

- Identify the types of data necessary for monitoring family change;
- Evaluate the current set of measures and discuss the possibility of standardizing them across surveys;
- Ensure that available data fulfill changing legislative and policy requirements and;
- Ensure that data address emerging research needs.

Participants included staff from the member statistical agencies of the Forum, academics, and practitioners at the federal, state, and local levels. The conference was organized by Lynne Casper (NICHD) and Jason Fields (Census) of the Forum's Data Collection Committee, with assistance from Child Trends.

While many federal surveys inquire about marital status, it was pointed out that there is less information collected on histories of marriage and divorce, and far less information about cohabitation transitions. The National Survey of Family Growth (NSFG) is one of only a few data sets that collects marriage and cohabitation histories, although its upper age limit of 44 limits analysis. In 2002, NSFG will make a large contribution to improving data in this area when it begins to collect the marital and birth histories of men as well as women. The Survey of Income and Program Participation (SIPP) also collects marital history information. The longitudinal nature of SIPP allows for observation of cohabitation transitions; SIPP, however, does not collect cohabitation histories.

Children's well-being was a strong focus of many conference participants. While it is difficult to track marital and other union transitions for adults, it is even more difficult to measure these transitions as experienced by children. Many participants agreed that knowing the biological relationship of children to each adult in a household, on top of union formation histories, would be helpful in this regard. The SIPP is one of few federal surveys that reports the relationships of every household member to one-another, including the biological relationship of children to cohabiting partners.

There was strong sentiment that national and state estimates of marriage and divorce data are needed. As a result of budget constraints, the National Center for Health Statistics no longer reports national vital statistics estimates of divorce, national marriage statistics are minimal, and state statistics are deteriorating. The best vehicle(s) for collecting this information was not as clear-cut as the need for the data.

An additional topic discussed was the need for a new comprehensive data collection effort that can better examine family behavior and change.

A sub-group of the Forum's Data Collection Committee is putting together a final report about the proceedings of the conference. The report will also identify a set of "targets of opportunity" for agencies to consider. These targets, separated into two categories (easy and difficult), will identify the areas where there is the greatest need and potential for data improvements. The report is expected to be released later this year.

Relevant documents preceding this conference can be found at:

http://www.childstats.gov/Data%20Collection/union.asp

http://www.childstats.gov/Data%20Collection/Ooms(2-27-98).asp

The conference report will be made available later this year at http://www.childstats.gov/.

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